STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, to some is changed) example: If typying, to over the lines	ype 12FE4M5
Friends of Eliz	abeth Esty	
ADDRESS (number and	PO Box 61	
(Check if address is changed)	Cheshire	
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) pafh@aol.com L L L L L L L L L L L L L L L L L L L	
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) http://www.ElizabethEsty.com	
 DATE M 0 9 FEC IDENTIFICA IS THIS STATEM 	0 2 2 0 1 1 TION NUMBER C C00494203	D (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, or a state of the stat	correct and complete
Signature of Treasurer	Electronically Filed by Patti Flynn-Harris	Date 0 9 / 0 2 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing	,
Office Use Only	For further info Federal Election Toll Free 800-42	4-9530 (Revised 02/2009)